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Rehabilitative Services
(continued)

Preschool Supportive Health Services

Physical Therapy Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, 2) indirect costs, a percent of those costs incurred as part of operations, and 3) evaluation costs, one twelfth of the annual cost of conducting an evaluation. The sum of the three components was multiplied by the average monthly frequency to obtain the monthly fee.

Occupational Therapy Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, 2) indirect costs, a percent of those costs incurred as part of operations, and 3) evaluation costs, one twelfth of the annual cost of conducting an evaluation. The sum of the three components was multiplied by the average monthly frequency to obtain the monthly fee.

Speech Pathology Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated

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Rehabilitative Services
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with the direct provision of service, 2) indirect costs, a percent of those costs incurred as part of operations, and 3) evaluation costs, one twelfth of the annual cost of conducting an evaluation. The sum of the three components was multiplied by the average monthly frequency to obtain the monthly fee.

Nursing Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components was multiplied by the average monthly frequency to obtain the monthly fee.

Psychological Counseling Services

The fee covers services provided during a calendar month. A minimum of two services must be provided within the month in order to claim reimbursement. The monthly fee is made up of 1) direct costs, personal service costs and other personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components was multiplied by the average monthly frequency to obtain the monthly fee.

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Rehabilitative Services
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Psychological Evaluations

The fee is fee-for-service and is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the evaluation fee.

Transportation Services

The transportation fee is fee-for-service and is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the fee.

Audiological Evaluations

The fee is fee-for-service and is made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the evaluation fee.

Medical Evaluations

The medical evaluation fee and specialized medical evaluation fee are fee-for-service and are made up of 1) direct costs, personal service costs and other than personal service costs associated with the direct provision of service, and 2) indirect costs, a percent of those costs incurred as part of operations. The sum of the two components is the evaluation fee. The specialized medical evaluation fee is reimbursable only when the service is provided by a physician specialist subsequent to and upon the written recommendation of the provider of a medical evaluation.

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TYPE OF SERVICE

Case Management Services
Target Group B:

Medicaid eligible individuals

- (i) who are developmentally disabled;
- (ii) are in need of ongoing and comprehensive rather than incidental case management; and
- (iii) reside in NYS OMRDD certified Family Care Homes, Community Residences or live independently or with family, or reside in a residential facility certified by a New York State agency other than OMRDD and are referred by the residential facility, or its supervising or certifying agency.

METHOD OF REIMBURSEMENT

Providers of Comprehensive Medicaid Case Management (CMCM) shall be reimbursed an hourly Medicaid fee for the delivery of case management services to developmentally disabled persons in NYS.

For programs with fiscal reporting periods ending June 30 or December 31, fees of payment shall be effective upon enrollment as a CMCM provider. Fees of payment for programs operated by the OMRDD's Developmental Disabilities Services Offices (DDSO) with fiscal reporting periods ending March 31 shall be effective for the annual period ending March 31.

1. For programs with fiscal reporting periods ending June 30 or December 31:
 - (i) The hourly fee for CMCM shall be the sum of the Direct Cost, Indirect Cost and Administrative Overhead components.
 - (a) Direct Cost - The direct cost component consists of an equally weighted blend of state and voluntary salaries:
 - (1) The state salary component shall be the hourly cost of an equally weighted blend of the midpoint salary level for a Social Work Assistant (Grade 14) and a Social Worker (Grade 18). Salary costs have been adjusted to reflect add-on costs such as accrued lag payroll, vacation accrual, fringe benefits and indirect costs.
 - (2) The voluntary salary component shall be the hourly costs of the trended average salary for a Client Coordinator. The salary cost has been adjusted to reflect a fixed fringe benefit rate.

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- (b) Indirect Cost - the indirect cost component consists of Personal Service (P.S.) Support, Travel, Communications, Property, Utilities, Maintenance and Housekeeping costs.
- (1) Personal Service (PS) support - the PS support cost component is an equally weighted blend of state and voluntary salaries based on the following:
- (i) The state salary component shall be the hourly cost of the midpoint salary level for a (.10 FTE) Supervisor (Grade 20) and a (.20 FTE) Clerical (Grade 6) positions adjusted as described in (i)(a)(1).
- (ii) The voluntary salary component shall be the hourly cost of the average salary for (.10 FTE) Program Director and (.20 FTE) Secretary/Clerk positions plus the fixed fringe benefit percentage as described in (i)(a)(2).
- (c) Travel
- (i) The hourly cost of travel shall be computed as follows:
- (a) It is projected that a Case Manager will travel approximately seven hours per week covering approximately 202 miles in a 40-hour work week. The calculation will be based on a fixed cost per mile.
- (d) Communications
- (i) The hourly cost of communications shall be computed as follows:
- An average communication cost per FTE at each B/DDSO was computed using OMRDD's Cost Finding. Statewide averages were calculated to arrive at an average (annual) B/DDSO communication cost. This cost was divided by the standard annual work hours for an hourly cost.
- (e) Property, Utilities, Maintenance, Housekeeping
- (i) Costs for property, utilities, maintenance and housekeeping as they would relate to case management services were calculated as follows:

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- (a) A median unit cost for property, utilities, maintenance and housekeeping costs was developed based on square footage occupied and costs reported by all OMRDD B/DDSOs.
- (b) Case Management staff (FTEs) shall be allocated 100 square feet per FTE.
- (c) The hourly cost of property, utilities, maintenance and housekeeping shall be the allocated square footage per FTE times the median unit cost divided by the standard annual work hours.
- (d) Property shall not be trended.
- (f) Administrative Overhead - The administrative overhead cost component consists of an equally weighted blend of state and voluntary overhead costs.
 - (1) The state administrative overhead cost component is comprised of administrative and general services administration.
 - (i) Administrative and general consists of costs associated with the overall administration of the B/DDSO, as well as business management, personnel, data processing and inservice training functions.

General services administration (GSA) consists of the costs of clinicians administering and supervising their respective disciplinary functions in the community.
 - (2) The voluntary administrative overhead cost component is based on administrative and general costs.
 - (i) Voluntary Sector administration and general shall be calculated at 60% of the state administration and general.
 - (ii) Upon receipt of sufficient cumulative annual expenditure data for CMCM programs with fiscal reporting periods ending June 30 and December 31, the cost related fee pursuant to paragraphs 1(a) and (b) shall be revised to reflect actual data.

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2. For programs with fiscal reporting periods ending March 31:
- (i) The hourly fee for CCM shall be developed using expenditure data reflective of the actual cost of delivering CCM services. All providers operating programs with fiscal reporting periods ending March 31 shall be reimbursed through an hourly Medicaid fee for case management services provided. The fee will be revised annually to reflect inflationary increases.
 - (ii) The cost based hourly fee for programs with fiscal reporting periods ending March 31 shall include the sum of the Direct Cost, Indirect Cost, and Administrative Overhead components developed from actual expenditure data. These components are described as follows:
 - (a) Direct Cost - The direct cost component consists of salaries:
 - (1) The salary component shall be the average salary rate of staff providing comprehensive medicaid case management (Grade 17). Salary costs have been adjusted to reflect add-on costs such as accrued lag payroll, vacation accrual, fringe benefits and indirect costs.
 - (b) Indirect Cost - the indirect cost component consists of Personal Service (PS) Support, Travel, Property, Utilities, Maintenance and Housekeeping, and Communications costs.
 - (1) PS Support
 - (i) Personal Service (PS) support shall be computed as follows:

The PS Support cost component shall be the cost of the midpoint salary level for a (.10 FTE) Supervisor (Grade 20) and a (.20 FTE) Clerical (Grade 6) positions adjusted as described in (1)(a)(1).
 - (2) Travel
 - (i) The cost of travel shall be computed as:

It is projected that a Case Manager will travel approximately seven hours per week covering approximately 202 miles in a 40 hour work week. The calculation will be based on a fixed cost per mile.

(3) Property, Utilities, Maintenance, Housekeeping

(i) Costs for property, utilities, maintenance and housekeeping as they relate to case management services shall be calculated as follows:

(a) A cost for property, utilities, maintenance and housekeeping was developed based on square footage occupied and costs reported by all OMRDD DSSOs.

(b) Case Management staff (FTEs) shall be allocated 100 square feet per FTE.

(c) The cost of property, utilities, maintenance and housekeeping shall be the cost per square foot for the above services multiplied by the allocated square footage per FTE.

(4) Communications

(i) The hourly cost of communications shall be computed as follows:

(a) An average communication cost per FTE at each B/DDSO was computed using OMRDD's Cost Finding. Statewide averages were calculated to arrive at an average (annual) B/DDSO communication cost. This cost was divided by the standard annual work hours for an hourly cost.

(c) Administrative Overhead-The administrative overhead cost component consists of Community Services Administration and Administrative and General costs allocated to the case management cost center.

(i) Community Services Administration consists of the costs of direct DDSO community administration.

Administrative and General costs consists of costs associated with the overall administration of the DDSO, as well as business management, human resources management, data processing and staff development functions.

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The Direct Cost, Indirect Cost, and Administrative Overhead component costs, net of property, shall be trended to the appropriate fiscal year utilizing annual OMRDD non-residential medicaid program trend factors. The fee shall be equal to the sum of all cost components (trended costs + property) divided by the annual hours available for case management service provision.

- (d) The hourly fee for the period ending March 31, 1992 shall receive an annualization cost component add-on for the period July 1, 1991 through September 30, 1991. The annualization component add-on shall be equal to the difference between the fee in effect on June 30, 1991 and the July 1, 1991 final fee calculated pursuant to paragraphs 2 (a) and (b) above.

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TYPE OF SERVICE

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Case Management Services
Target Group D:

Medicaid eligible individuals who are served by the New York State Office of Mental Health's Intensive Case Management Region and who

- (i) are seriously and persistently mentally ill and
- (ii) require intensive, personal and proactive intervention to help them obtain service, which will permit or enhance functioning in the community and
- (iii) either have symptomatology which is difficult to treat in the existing mental health care system or are unwilling or unable to adapt to the existing mental health care system.

METHOD OF REIMBURSEMENT

For payment to Intensive Case Management providers in New York State a prospective cost based monthly rate shall be established for each provider. Providers may bill for the monthly rate only if the Medicaid eligible adult ICM client has been seen by the case manager a minimum of four times during the month. For Medicaid eligible seriously emotionally disturbed children in the ICM program, providers may bill for the monthly rate only if the case manager achieves a minimum of three face-to-face contacts with the client and the fourth face-to-face contact may be with either the client or a collateral, as defined in 14 NYCRR Part 587.4(a)(3).

Rates of payment shall be effective for the annual period ending June 30, for providers in New York City and for the annual period ending December 31, for the remainder of the State. Rates of payment for programs operated by state psychiatric centers shall be effective for the annual period ending March 31.

1. Monthly payments to individual ICM providers is at regional fees approved by the Department of Social Services.

2. The National Institute of Mental Health has approved a grant to the NYS Office of Mental Health to evaluate the effects, if any, of the method of reimbursement on the activities of case managers and the implications, if any, on client interactions and outcomes. The experimental reimbursement methodology provides fee-for-service reimbursement for individual and group face-to-face contacts between Intensive Case Manager and enrolled client as an alternative to the monthly payments paid to other ICM providers. This reimbursement methodology will be in place for the Visiting Nurse Service only for the period January 1, 1992 through December 31, 1992.

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